Gerard F. Cody, R.E.H.S./R.S.
Public Health Director

Ann Martin, R.N./M.S.N
Public Health Nurse

Carol Cronin
Principal Clerk

Peggy Montlouis, MBA
Community Health Educator

Town of Randolph
Public Health Department
41 South Main Street • Randolph, MA 02368
Main Telephone: 781-961-0924
www.townofrandolph.com

Swimming Pool Permit Application

Permit Expiration Date: _____

Fees: $150.00 – Pool
$150.00 – Wading
$150.00 – Special Purpose

Please provide and/or verify the following information:

Name of Pool:
Address of Pool:
Tel # at Pool:
Contact Person Name:
Home Address of Contact Person:
Contact Home Tel #: Contact 24 hr Emergency Tel #:
E-mail Address of Main Contact Person:
Alternate Contact Person Name (must have an alternate):
Home Address of Alternate Contact Person:
Alternate Contact Home Tel #:
Alternate Contact 24 hr Emergency Tel #:
E-mail Address of Alternate Contact Person:

Type of Pool (Check only one): Public: ☐ Semi-Public: ☐ Wading: ☐ Special Purpose: ☐
Volume of Pool: Length: Width:
Non-swimming Area: Swimming Area:
Diving Area: Bather Load:
Filter Effluent Flow Meter Setting: # of Turnovers per 24 Hours:
Skimmer Type: Method of Water Treatment:
of Lifeguards:
Variance for no lifeguards requested of Board of Health (Yes or No):
Days and Hours of Pool Operation:
Days and Hours of Pool Operation without lifeguards:
Name of Certified Pool Operator (CPO):
CPO Home or if applicable Pool Company Address:
Tel # of CPO: 24 hr Emergency Tel # of CPO:

(Please provide documentation of CPO certification and lifeguard training)

Signature of Applicant:

_____

I understand that by signing this I am attesting to the accuracy of the information provided in this application and I affirm that the swimming pool operation will comply with 105 CMR 435.000 and all other applicable law.

Official Title: _____

Date: _____

For Board of Health Use Only:

Date Application Received: _____ Current Permit Expires: _____

No Lifeguard Variance Granted (Yes or No): _____

Date of Board of Health Meeting: _____